


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 10, 2008 8:00 am
Secretary of State

03-17-2008 90262 026 ***138.75

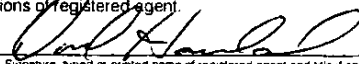
DOCUMENT # L07000023355	
1. Entity Name HOWLAND TECHNOLOGIES LLC	

Principal Place of Business 8584 N. ELKCAM BLVD CITRUS SPRINGS, FL 34433	Mailing Address P. O. BOX 640847 BEVERLY HILLS, FL 34464
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2. Principal Place of Business - No P.O. Box # 19406 Via Del Mar	3. Mailing Address 19406 Via Del Mar
Suite, Apt. #, etc. #108	Suite, Apt. #, etc. #108

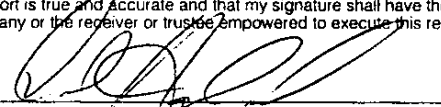
City & State Tampa FL	City & State Tampa FL
Zip 33647	Zip 33647
Country Hillsborough	Country Hillsborough

6. Name and Address of Current Registered Agent HOWLAND, DAVID F 8584 N. ELKCAM BLVD CITRUS SPRINGS, FL 34433	
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.	
SIGNATURE 	DATE 4/5/2008

FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR David Howland 19406 Via Del Mar #108 Tampa, FL 33647	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.	
SIGNATURE: 	DATE _____ Daytime Phone # _____

30003551



04052008 Chg-LLC CR2E083 (12/06)

4. FEI Number 20-8809806	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

3/17/2008-90262-026-\$138.75-\$138.75

DOCUMENT # L07000023355 1. Entity Name HOWLAND TECHNOLOGIES LLC				<h2 style="margin: 0;">ATTACHMENT</h2> <h1 style="margin: 0;">30003557</h1>	
Principal Place of Business 8584 N. ELKCAM BLVD CITRUS SPRINGS, FL 34433		Mailing Address P. O. BOX 640847 BEVERLY HILLS, FL 34464			
2. Principal Place of Business - No P.O. Box # 19406 Via Del Mar Suite, Apt. #, etc. APT 108 City & State Tampa FL Zip 33647		3. Mailing Address 19406 Via Del Mar Suite, Apt. #, etc. APT 108 City & State Tampa Florida Zip 33647		03132008 Chg-LLC CR2E083 (12/06) 4. FEI Number 20-8809806	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required		Applied For <input type="checkbox"/> Not Applicable			
6. Name and Address of Current Registered Agent HOWLAND, DAVID F 8584 N. ELKCAM BLVD CITRUS SPRINGS, FL 34433			7. Name and Address of New Registered Agent Name Howland, David Street Address (P.O. Box Number is Not Acceptable) 19406 Via Del Mar #108 City Tampa		
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.			FL Zip Code 33647		
SIGNATURE <small>Signature, typed or printed name of registered agent and title if applicable.</small>			DATE 3/13/2008		
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE OWNER <input type="checkbox"/> Delete NAME David F. Howland STREET ADDRESS 19406 Via Del Mar #108 CITY-ST-ZIP Tampa FL 33647			TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition STREET ADDRESS <input type="checkbox"/> Change <input type="checkbox"/> Addition CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition		
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.					
SIGNATURE: <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					
Date _____ Daytime Phone # _____					